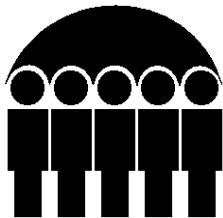


April 27, 2004

Employees' Manual  
Title 24  
Chapter G Appendix

# **ICN VIDEO CONFERENCING**

## **APPENDIX**



Iowa  
Department  
of  
Human Services

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**ICN Scheduling Information, Form 470-3809**

Purpose	Form 470-3809 is used to collect information from the call host that the site scheduler needs to request an Iowa Communications Network conference through Iowa Public Television.
Source	This form is not printed. It is available in electronic format on the <u>DHS Enterprise Network, Hoovr3s1/Support.771/ICN/ICNinfo.</u>
Completion	The call host or site scheduler completes the form when an ICN conference is requested.
Distribution	The site scheduler keeps the original the with the conference call records.
Data	The form collects identifying information and information about the purpose of the meeting and the sites requested.

**ICN Annual Report of Cost Savings, Form 470-3810**

**Purpose** Form 470-3810 is used to document information pertinent to each ICN call hosted by DHS. Calculations built into the spreadsheet compute travel and productivity savings attributed to use of the Iowa Communications Network.

**Source** This form is not printed. It is an Excel spreadsheet available in electronic format on the DHS Enterprise Network, [Hoovr3s1/Support.771/ICN/Savings](http://Hoovr3s1/Support.771/ICN/Savings).

**Completion** ICN site schedulers are responsible for recording pertinent information onto this report for each ICN call hosted from their ICN classroom site and charged to DHS. Do not record:

- ◆ Calls hosted by other authorized users.
- ◆ Calls where your site is not the host site.

Use the following assumptions when completing this report:

- ◆ If the ICN system were not available for the call, the call host may have:
  - Used the CIDS system for the call,
  - Held a face to face meeting, or
  - Not held the call.

The call host should answer this question when the call is scheduled.

- ◆ The meeting would have been held at the call host site.
- ◆ At least one participant from each call site would have traveled to the call host site.
- ◆ The number of participants for training sessions is based on the class registration list.

- ◆ Distances site to site are calculated using state of Iowa maps and the most direct route. Mileage costs are the maximum allowed by the state fleet administrator. Individual distances for participants are not calculated.
- ◆ Lost productivity is calculated using the hourly rate at the top of the range (step 6) of the IMW III level for all participants.
- ◆ Calls lasting more than six hours result in overnight lodging and three meals for participants traveling more than 100 miles.
- ◆ Calls including participants at out-of-state locations result in two-way air transportation charges at the current rate. (The site scheduler will call the state's authorized travel agency for a cost estimate.)
- ◆ Meal charges are at the current allowable rate.
- ◆ The ICN cost is the current rate for an administrative session.

**Distribution**

The Division of Fiscal Management submits this report to the Legislature annually.

**Data**

Complete items as follows:

**Date:** Enter the date of the call, once for each call.

**Start Time:** Enter the time the call is scheduled to start, once for each call.

**End Time:** Enter the time the call is scheduled to end, once for each call.

**Length/Hours:** Enter the length of the call in hours and fractions of an hour.

**Sites:** Enter each site connected to call on a separate line. Indicate which site is host site.

**Participants:** Enter the number of participants at each site. If this number is not available, assume one.

**Travel (Y/N):** Enter “Y” if travel would have occurred if the ICN video system were not used for this call. Enter “N” if the call would not have been held or if a CIDS teleconference would have been used.

**Distance:** Enter the number of miles, one way, from each site to the host site. Estimate using an Iowa map and the most direct route.

**Productivity:** Calculated.

**Lodging:** Calculated.

**Meals:** Calculated.

**Travel-IN:** Calculated.

**Other:** Enter the round trip airfare for out-of-state participants or other expenses reported by call host. Call the state’s authorized travel agency for airfare costs.

**Account #:** Enter the IFAS account number to which costs are to be charged.

**Room Charge:** Enter the charge for the use of the room at the ICN site.

**ICN Cost:** Calculated.

**Savings:** Calculated.

**Y-T-D Savings:** Calculated.

This information is also included on *ICN Savings Report for FY04 Instructions and Calculations*. This document is available in electronic format on the DHS Enterprise Network, Hoover3s1/Support.771/ICN/Savings. It is updated annually by the Division of Fiscal Management.



# STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR  
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES  
KEVIN W. CONCANNON, DIRECTOR

April 27, 2004

## GENERAL LETTER NO. 24-G-AP-1

ISSUED BY: Division of Fiscal Management

SUBJECT: Employees' Manual, Title 24, Chapter G, **ICN VIDEO CONFERENCING APPENDIX**, Title page, new; Contents (page 1), new; pages 1 through 4, new; and the following forms:

470-3809 *ICN Scheduling Information*, new  
470-3810 *ICN Annual Report of Cost Savings*, new

### Summary

This letter transmits Title 24, Chapter G Appendix, a new appendix containing the forms used for ICN videoconferencing.

### Effective Date

Immediately

### Material Superseded

None

### Additional Information

Refer questions about this general letter to your service area manager.